

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 07/06/2008		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 07/08/2008							
		FINANCIAL PAYER: NCTM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	557	4062	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE					
		8534	2118	SERVICE FACILITY LOCATION IS N OT A VALID IPRS	48	14579	17546	2967	
				ATTENDING PROVIDER, OR THE NPI					
		21	1998	DUPLICATE OF CLAIM-SYSTEM					
3404904	WESTERN HIGHLAN DS LME	11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		0	0		0	26	27	1	
3404910	PATHWAYS	8326	920	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON					
				THIS CLAIM OR THE NPI SUBMITTE					
		21	300	DUPLICATE OF CLAIM-SYSTEM	14	1612	10401	8789	
		11	140	CLIENT NOT ELIGIBLE ON SERVICE DATE					
3404912	MENTAL HEALTH P ARTNERS	8505	35	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	92	1117	1025	
		8326	24	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON					
				THIS CLAIM OR THE NPI SUBMITTE					
3404913	MECKLENBURG COM ENTAL HEALT	8326	379	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON					
				THIS CLAIM OR THE NPI SUBMITTE					
		8800	355	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1785	13903	12118	
		8599	335	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404916	CROSSROADS BEHA VIOAL HEAL	8536	131	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR					
		8961	128	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH	0	497	7176	6679	
		8326	56	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON					
				THIS CLAIM OR THE NPI SUBMITTE					
3404917	CENTERPOINT HUM AN SERVICES	8800	136	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
		11	59	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	320	5749	5429	
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404919	GUILFORD CO MEN TAL HEALTHC	8534	122	SERVICE FACILITY LOCATION IS N OT A VALID IPRS					
				ATTENDING PROVIDER, OR THE NPI					
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	311	1707	1396	
		8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	8	56	48
3404921	ORANGE PERSON C HATHAM AREA	4102	226	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		8955	20	CLAIM SHOULD NOT CONTAIN BOTH NPI AND REFERRING PROVIDER NUMBER. REFERRING PR	0	246	246	0
3404922	THE DURHAM CENT ER	8326	2278	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	581	DUPLICATE OF CLAIM-SYSTEM	0	3146	7868	4722
		7001	184	EXCEEDS THE ONE PER DAY LIMITA TION				
3404923	FIVE COUNTY MH	8961	6	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		0	0		0	6	54	48
3404925	SANDHILLS CENTE R FOR MH/DD	8326	596	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	1254	9226	7972
		21	116	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	318	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	332	350	18
3404927	CUMBERLAND CO M HC	11	621	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	368	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1220	5015	3795
		8534	63	SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	26	26	0
3404931	WAKE CO HUM SVC BILLING OF	8326	434	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	98	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	800	3187	2387
		79	77	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404933	SOUTHEASTERN CT R FOR MH/DD	8326	274	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	427	9006	8579
		8537	38	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				

				SPECIALTY IN ACCORDANCE TO MEN				
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLow CARTERET BEHAV HEAL	8326	695	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	214	DUPLICATE OF CLAIM-SYSTEM	0	1222	3320	2098
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8536	32	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8800	24	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	108	2566	2458
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVIORAL H	8326	188	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	102	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	544	7043	6499
		8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	80	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8326	78	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	8	342	8325	7983
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	60	60
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI ORAL HEALTH	21	4281	DUPLICATE OF CLAIM-SYSTEM				
		8536	3798	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	18112	29153	11041
		8534	1851	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI				